

FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

28621

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>No.</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY OR TOWN <u>Gilliam</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Fitzgibbon Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0070</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>Raymond</u>		c. (Last) <u>Neff</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13-1955</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March, 5-1895</u>	
9. AGE (In years last birthday) <u>60</u>		10. UNDER 1 YEAR Months <u>5</u> Days <u>8</u>		11. UNDER 1 MIN. Hours <u>8</u> Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>Saline County, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>State School, guard</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. CITIZEN OF WHAT COUNTRY? <u>U S</u>				12. CITIZEN OF WHAT COUNTRY? <u>U S</u>			
13a. FATHER'S NAME <u>Daniel Neff</u>				13b. MOTHER'S MAIDEN NAME <u>Harv Cameron</u>			
14. NAME OF HUSBAND OR WIFE <u>Ethel Neff</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>			
16. SOCIAL SECURITY NO. <u>4221</u>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel Neff, Gilliam, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis & failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>4221</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Diabetes Mellitus</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Y</u>			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>7-24</u> , 19 <u>55</u> , to <u>8-13</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-13-55</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. A. McBurney MD</u>				23b. ADDRESS <u>Slater, Mo.</u>			
23c. DATE SIGNED <u>8/15/55</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>8/16/1955</u>				24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hill Brothers, Slater, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-16-55</u>				REGISTRAR'S SIGNATURE <u>Cecil J. Reed / Deputy</u>			

(Licensed Embalmer's Statement on Reverse Side)

Mar 1 - 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *A. C. Hill*

Licensed Embalmer No.

P. O. Address *Sta*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.